



IDAHO DEPARTMENT OF HEALTH & WELFARE

FILE COPY

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

April 11, 2007

Carl Hanson
Minidoka Memorial Hospital
1224 8th Street
Rupert, ID 83350

Dear Mr. Hanson:

This is to advise you of the findings of the Medicare/State Licensure Fire Life Safety survey, which was concluded at your facility, Minidoka Memorial Hospital, on March 29, 2007.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

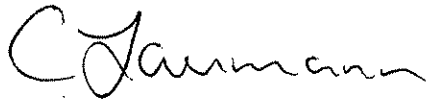
Sign and date the form(s) in the space provided at the bottom of the first page.

Minidoka Memorial Hospital
April 11, 2007
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **April 24, 2007**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "C. Laumann". The signature is fluid and cursive, with a large initial "C" and a long, sweeping underline.

CHRIS LAUMANN
Health Facility Surveyor
Fire/Life Safety & Construction Program

CL/mlw

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 04/06/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131319	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/29/2007
NAME OF PROVIDER OR SUPPLIER MINIDOKA MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1224 EIGHTH STREET RUPERT, ID 83350		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>The hospital is a single story structure of Type II(111) construction. The original portion of the hospital was constructed in 1960 with an Extended Care Wing added in 1967 and a OB/Surgical wing added in 1999. A renovation of the 1967 addition, along with an expansion of the laboratory, was completed in August of 2005. The building is protected throughout by a complete automatic fire extinguishing system that was installed as part of the recent renovation/addition. The building's fire alarm sytem was also upgraded as part of the renovation/addition project. Emergency power is provided by an on-site, diesel powered generator. Piped in oxygen is provided through a bulk liquid tank located near the service entry. There are a total of ten (10) exits to grade plus direct exits from dietary, lab, ER, and the West ECF dining room. The Facility is currently licensed for 25 hospital beds.</p> <p>The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on March 29, 2007. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Existing Health Care Occupancy, adopted 11 March, 2003.</p> <p>The Survey was conducted by:</p> <p>Chris Laumann Health Facility Surveyor Fire/Life Safety and Construction</p>	K 000	<p>RECEIVED APR 24 2007 FACILITY STANDARDS</p>	
K 027	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Door openings in smoke barriers have at least a</p>	K 027		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Carl Hansen

TITLE

Administration

(X6) DATE

4-28-07

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 027	<p>Continued From page 1</p> <p>20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7</p> <p>This Standard is not met as evidenced by: Based on observation, the facility failed to ensure that all doors in smoke barriers were self-closing and sealed against the passage of smoke. This effected all 5 patients present on the day of the survey</p> <p>Findings include:</p> <p>During the facility tour on 29 March, 2007 at 2:55 PM it was observed by the surveyor and maintenance staff that two sets of smoke doors did not fully seal against the passage of smoke as required when tested. The smoke doors near room 110 and the doors near room 116 did not close fully because the latching mechanism was not engaging when the doors would close, leaving a gap between the doors.</p> <p>Findings were witnessed by Surveyor and Maintenance Staff.</p>	K 027	<p>K 027</p> <p>The two sets of smoke doors near room 110 and the doors near room 116 have were adjusted on 3/30/07, so they now close fully and the latching mechanism engages when the doors close.</p>	3/30/07
K 147	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance</p>	K 147		

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K 147	<p>Continued From page 2 with NFPA 70, National Electrical Code. 9.1.2</p> <p>This Standard is not met as evidenced by: Based on observation, it was determined that the facility failed to ensure compliance with electrical safety regulations. This effected all 5 patients present on the day of the survey.</p> <p>Findings included:</p> <p>1.) During the facility tour on March 29, 2007 at 1:54 PM it was observed that an extension cord was being used in the Pharmacy to power a water machine.</p> <p>2.) On the same day of the survey at 2:00 PM it was observed that a multi-plug adapter without a built in circuit breaker was being used in the waiting area of the ER providing power to a soda machine.</p> <p>Findings were witnessed and noted by Maintenance personnel as well as surveyor.</p>	K 147	<p>K 147</p> <p>The water machine was moved near an electrical outlet and the extension cord was removed on 3/30/07.</p> <p>A multi-plug adapter with a built in circuit breaker was used on 3/30/07 to replace the multi-plug adapter without a built in circuit breaker that was being used in the waiting area of the ER providing power to a soda machine.</p>	3/30/07

Bureau of Facility Standards

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B 000	<p>16.03.14 Initial Comments</p> <p>The hospital is a single story structure of Type II(111) construction. The original portion of the hospital was constructed in 1960 with an Extended Care Wing added in 1967 and a OB/Surgical wing added in 1999. A renovation of the 1967 addition, along with an expansion of the laboratory, was completed in August of 2005. The building is protected throughout by a complete automatic fire extinguishing system that was installed as part of the recent renovation/addition. The building's fire alarm sytem was also upgraded as part of the renovation/addition project. Emergency power is provided by an on-site, diesel powered generator. Piped in oxygen is provided through a bulk liquid tank located near the service entry. There are a total of ten (10) exits to grade plus direct exits from dietary, lab, ER, and the West ECF dining room. The Facility is currently licensed for 25 hospital beds.</p> <p>The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on March 29, 2007. The facility was surveyed under the LIFE SAFETY CODE, 1985 Edition, Existing Health Care Occupancy, in accordance with IDAPA 16.03.14.</p> <p>The Survey was conducted by:</p> <p>Chris Laumann Health Facility Surveyor Fire/Life Safety and Construction</p>	B 000	<p>RECEIVED APR 24 2007 FACILITY STANDARDS</p>	
BB500	<p>16.03.14.510.02 Life Safety Code Requirements</p> <p>02. Life Safety Code Requirements. The hospital shall meet such provisions of the "Life Safety Code",</p>	BB500		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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BB500	<p>Continued From Page 1</p> <p>1985 Edition, of the National Fire Protection Association as are applicable to Health Care Occupancies which is incorporated by reference. (10-14-88)</p> <p>a. Any hospital in compliance with either the 1967 Edition of the "Life Safety Code" or the 1981 Edition of the "Life Safety Code" prior to the effective date of these rules is considered to be in compliance with this section so long as the hospital continues to remain in compliance with that Edition of the "Life Safety Code". Life Safety Codes are available in the licensing agency of the Department. (10-14-88)</p> <p>b. Remodelings, additions, and/or upgrading of building systems in existing hospitals shall meet the minimum standards set forth in the 1985 Edition of the "Life Safety Code" for new construction. (10-14-88)</p> <p>c. In the event of a conflict between the applicable edition of the Life Safety Code and applicable state or local building, fire, electrical, plumbing, zoning, heating, sanitation or other applicable codes, the most restrictive shall govern. (10-14-88)</p> <p>This Rule is not met as evidenced by:</p> <p>*</p> <p>Refer to the following Federal tags on CMS 2567:</p> <p>K 027 Smoke compartmentation. K 147 Electrical requirements</p>	BB500	<p>BB500 Refer to K027 and K147</p>	3/30/07

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BB526	Continued From Page 2	BB526		
BB526	<p>16.03.14.530.01 Maintenance & Safety</p> <p>530. MAINTENANCE AND SAFETY. The hospital shall be equipped and maintained to protect the health and safety of the patient, personnel, and visitors. (10-14-88)</p> <p>01. Maintenance. The hospital shall have a written preventive maintenance program to include at least the following elements: (10-14-88)</p> <p>a. Designation of person responsible for maintaining the hospital; and (10-14-88)</p> <p>b. Written preventive maintenance procedure and appropriate inspection interval shall be made for at least the following: (10-14-88)</p> <p>i. Heating systems; and (10-14-88)</p> <p>ii. Air conditioning/mechanical systems; and (10-14-88)</p> <p>iii. Electrical systems; and (10-14-88)</p> <p>iv. Vacuum systems and gas systems; and (10-14-88)</p> <p>v. All air filters in heating, air conditioning and ventilating systems; and (10-14-88)</p> <p>vi. Equipment related directly and indirectly to patient care, and any other equipment. (10-14-88)</p> <p>This Rule is not met as evidenced by: Based on observation, the facility failed to maintained to the structure in a manner that would protect the health and safety of the patient,</p>	BB526		

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BB526	Continued From Page 3 personnel, and visitors. This effected all 5 patients present on the day of the survey. Findings include: During the facility tour on March 29, 2007 it was discovered that there was two holes in the ceiling of the nuclear medicine storage room each measuring approximately 1/2 inch around sprinkler piping. Findings were witnessed and noted by both the surveyor and the maintenance personnel.	BB526	BB526 The two holes in the ceiling of the nuclear medicine storage room each measuring approximately 1/2 inch around sprinkler piping were repaired on 4/2/07.	4/2/07